

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>17X</i>	<i>70891</i>	<i>9/24</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>9/28/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>71471</i>	<i>11/7</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	<i>10/28/04</i>
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
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35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	<i>10/28/04</i>
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
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89	✓
90	✓
91	✓
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94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final	
Original	<i>10/28/04</i>
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
110	✓
111	✓
112	✓
113	✓
114	✓
115	✓
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136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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